

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

JUL 25 2014

DAVID J. MALAND, CLERK  
BY \_\_\_\_\_  
DEPUTY \_\_\_\_\_

Lisa Adams

(Plaintiff)

The Shire Apartments, LTD & GP, LLC  
vs  
Prodigem LLC  
Tina Tullock-Coker

Case No. 1:14cv390

(Defendant)  
Tiffany Kidwell, Michelle Sanders,  
Cherise Braquet

MOTION TO PROCEED IN FORMA PAUPERIS

I, plaintiff, Lisa Adams,

respectfully moves this Honorable Court for leave to proceed in this matter without payment of fees, costs, or security.

Attached hereto is an affidavit in support of my motion to proceed in forma pauperis.

Respectfully submitted,

Plaintiff Lisa Adams

Address P. O. Box 33

Nederland, TX 77627

Laf572@Mail.com

Phone (409) 225-8463

*SST Disability*

Date 7/24/14

**AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

**INSTRUCTIONS:** Complete all questions in this affidavit and then sign it. Do not leave any blanks. If the answer to a question is "0", "none", or "not applicable (NA)", write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1. Are you presently employed? YES        NO ✓

(a) If the answer is "YES", state the amount of your gross salary or wages per month and give the name and address of your employer.

\$ \_\_\_\_\_ per month

Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) If the answer is "NO", state the date of last employment and the amount of the gross salary and wages per month which you received.

\$ \_\_\_\_\_ per month

Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your spouse presently employed? YES        NO ✓ N/A

If the answer is "YES", state the gross amount of his/her salary or wages per month and give the name and address of his/her employer.

\$ \_\_\_\_\_ per month

Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you or your spouse received within the past twelve (12) months any money from any of the following sources:

(a) Business, profession, or form of self-employment? YES \_\_\_\_\_ NO

(b) Rent payment, interest or dividends? YES \_\_\_\_\_ NO

(c) Pensions, annuities, or life insurance payment? YES \_\_\_\_\_ NO

(d) Gifts or inheritances? YES \_\_\_\_\_ NO

(e) Any other sources? YES \_\_\_\_\_ NO

If the answer to any of the above questions is "YES", describe each source of money and state the amount received from each during the last twelve (12) months and by whom.

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4. How much cash do you and your spouse have? \$ 65<sup>00</sup>.

5. List any money you or your spouse have in bank accounts or in any other financial institution and the name of the financial institution.

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6. List the assets and the values which you or your spouse own. Do not list clothing and ordinary household furnishings.

Home Address Rent an apt. at 3920 Hwy. 365 #144, Ft. Arthur

Value of Home N/A

Motor Vehicle #1 Make, Year, Model 99 Isuzu Rodeo

Value of Motor Vehicle #1 \$1,000

Motor Vehicle #2 Make, Year, Model \_\_\_\_\_

Value of Motor Vehicle #2 \_\_\_\_\_

7. Do you or your spouse own any other real estate, stocks, bonds, notes, automobiles, or other valuable property not listed above (excluding ordinary household furnishings and clothing)?

YES \_\_\_\_\_ NO

If the answer is "YES", describe the property and state its approximate value.

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8. List the persons who are dependent upon you or your spouse for support, state your relationship to those persons, and indicate how much you contribute toward their support.

N/A

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9. Do you expect any major changes to your spouse's monthly income or expenses or in your or your spouse's assets or liabilities during the next 12 months?

YES \_\_\_\_\_ NO

If yes, describe below or on an attached sheet.

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10. Estimate the average monthly expenses of you and your family. If different, list separately the amounts paid by your spouse.

Rent or home-mortgage payment \$525 / \$149<sup>00</sup> <sup>rent</sup> actual rent

Utilities (electricity, heating fuel, water, sewer, and phone) 56<sup>00</sup>

Home maintenance (repairs and upkeep) \_\_\_\_\_

Food ~~100<sup>00</sup>~~ #75 Food Stamps #150<sup>00</sup>

Clothing 40<sup>00</sup>

Laundry and dry-cleaning 20<sup>00</sup>

Medical and dental expenses 40<sup>00</sup> L.D.

Transportation (not including motor vehicle payments) 80<sup>00</sup>

Recreation, entertainment, newspapers, magazines, etc. \_\_\_\_\_

Insurance (not deducted from wages or include in mortgage payments)

Homeowner's or renter's insurance \_\_\_\_\_

Life insurance \_\_\_\_\_

Health insurance \_\_\_\_\_

Motor vehicle insurance 104<sup>00</sup>

Other insurance \_\_\_\_\_

Taxes (not deducted from wages or included in mortgage payments) \_\_\_\_\_

Installment payments

Motor vehicle None

Credit card \_\_\_\_\_

Department store credit card \_\_\_\_\_

Other installment payments \_\_\_\_\_

Alimony, maintenance and support paid to others \_\_\_\_\_

Regular expenses for operation of business, profession, or farm (attach a detailed statement) \_\_\_\_\_

Other expenses \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the filing fees for your case.

I receive \$ 720<sup>00</sup> Supplemental Security Income  
per month due to disability. That is my only income.

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fees of my case. I believe that I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.

(28 U.S.C. 1746, 18 U.S.C. 1621)

Lisa Adams  
Lisa Adams  
Signature of Applicant

State of Texas  
County of Jefferson

This instrument was acknowledged before me on July 29, 2011  
by Lisa Faye Adams.

Gay Ferguson  
Notary

